



01/20
HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 29 10:40

K27
CMRP

ALL OF ABOVE
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Kido		Clarence	M	528-5557
MAILING ADDRESS (Street)				FAX
1001 Bishop Street, Suite 1501 American Savings Bank Tower				528-0421
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Pacific Resource Partnership			528-5557
MAILING ADDRESS (Street)			FAX
1001 Bishop Street, Suite 1501 American Savings Bank Tower			528-0421
(City)		(State)	(Zip Code)
Honolulu		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paul Marx			841-7575
MAILING ADDRESS (Street)			FAX
1199 Dillingham Blvd. Suite 200			841-2900
(City)		(State)	(Zip Code)
Honolulu		HI	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

☒ Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment☒ TransportationCulture, Arts, Historic
Preservation

Health

☒ Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection☒ Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*Clarence M. Kido

(Signature of Lobbyist)

Jan 22, 2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Kyle Chock

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Executive Director

NAME OF ORGANIZATION (if applicable)

The Pacific Resource Partnership

TELEPHONE

528-5557

MAILING ADDRESS (Street)

1001 Bishop Street, Suite 1501
American Savings Bank Tower

FAX

528-0421

(City)

Honolulu

(State)

HI

(Zip Code)

96813

*I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.*Kyle Chock
(Signature of Authorizing Officer or Person Represented)1/23/07

(Date)